Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Agency's Name: Attention Plus Care	**CHAPTER 700**
Address: **1580 Makaloa Street, Suite 1060, Honolulu, Hawaii 96814**	**Inspection Date: January 12, 2021 Initial**

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-700-7 Service plan. (a) A supervisor shall develop with the client or the client's representative, or both, a service plan for home care services, which shall be signed by the supervisor and the client or the client's representative and incorporated into the client's record. **FINDINGS** Clients #1, #2, and #3 – Service plan was not signed by the client or the client's representative and the agency supervisor or designee.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** obtained signed service plans for Client #1, #2, and #3. (see attached) Plan: (1) Medical record audits will be changed to include "signed service plan" and reviewed by Nursing Director after Nurse Supervisor completes visit. (2) Annual tickler will be set up to maintain service plan renewal	2-1-2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-700-7 Service plan. (a) A supervisor shall develop with the client or the client's representative, or both, a service plan for home care services, which shall be signed by the supervisor and the client or the client's representative and incorporated into the client's record. **FINDINGS** Clients #1, #2, and #3 – Service plan was not signed by the client or the client's representative and the agency supervisor or designee.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Obtained signed copies of service plans for Clients #1, #2, and #3 (see attached) Plan: ① medical record audits will be amended to include "signed service plan" and reviewed by Nursing Director after Supervisor completes visit. ② Annual tickler will be setup to maintain service plan renewal	2-1-2021

Licensee's/Administrator's Signature: _____

Print Name: Eileen E. Phillips

Date: 8-3-2021